DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				(MA) DATE OUD //C/	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435061	B. WING			06/24/2022	
	ROVIDER OR SUPPLIER	Į.		STREET ADDRESS, CITY, STATE, ZIP 500 S OHLMAN MITCHELL, SD 57301	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA	(X5) COMPLETION TE DATE	
F 000	INITIAL COMMENTS A recertification healt	th survey for compliance	FC	000			
	for Long Term Care fa	3, Subpart B, requirements acilities, was conducted from //22. Avera Brady Health and compliance.					
	-						
LABORATORY	DIRECTOR'S OR PROVIDERA	SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE		(X6) DATE	
Julie Hoffma				Administrator / CEO		6/29/22	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deticiencies are cited, an approved plan of correction is requisite to continued

days following the date these documents are marte available to the facility. If defidience program participation.

FORM CMS-2567(02-99) Previous Versions Desolete JUN 2 9 2022 Event 10-233.111

SD DOH-OLC

Facility ID: 0061

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				140, 0000 0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435061	B. WING _			06/24/2022
	ROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 500 S OHLMAN MITCHELL, SD 57301		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 000	Initial Comments A recertification surv CFR Part 482, Subpa Emergency Prepared Term Care Facilities,	ey for compliance with 42 art B, Subsection 483.73, dness, requirements for Long was conducted from 6/21/22 era Brady Health and Rehab	E 0			
LABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATU	IRE	TITLE		(X6) DATE
Julie Hoffma				Administrator / CEO		6/29/22

Julie Hoffmann Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients: (See instructions). Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

program participation.

FORM CMS-2567(02-99) Previous Versions Desolete JUN 2 9 2022 Event ID: ZXL

SD DOH-OLC

Facility ID: 0061

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JITIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01			E SURVEY PLETED	
435061		B. WING	3. WING		06/23/2022			
NAME OF PROVIDER OR SUPPLIER AVERA BRADY HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 S OHLMAN MITCHELL, SD 57301				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 000	Life Safety Code (LSt occupancy) was cond Brady Health and Reinot in compliance wit requirements for Long. The building will mee 2012 LSC for Existing upon correction of the K324 in conjunction v commitment to continuately standards.	ey for compliance with the C) (2012 existing health care ducted on 6/23/22. Avera hab Building 01 was found h 42 CFR 483.70 (a) g Term Care Facilities. It the requirements of the g Health Care Occupancies e deficiency identified at with the provider's nued compliance with the fire		000			(X6) DATE	
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		6/20/22	

Julie Hoffmann

Administrator / CEO

6/29/22

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether of not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUN 2 9 2022

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: ZXLJ2

SD DOH-OLC

Facility ID: 0061

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER AVERA BRADY HEALTH AND REHAB (PACH DEPCISION THAT SEPPCIENCES) TAG INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/23/22. Avera Brady Health and Readlines. The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies upon correction of the deficiency identified at K923 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING 02		COMPLETED		
AVERA BRADY HEALTH AND REHAB (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/23/22. Avera Brady Health and Rehab Building 02 was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies upon correction of the deficiency identified at K923 in conjunction with the provider's commitment to continued compliance with the fire			435061	B. WING		06/23/2022		
REPIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Regulatory or LSC IDENTIFY INFORMATION Reg	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 500 S OHLMAN			
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/23/22. Avera Brady Health and Rehab Building 02 was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies upon correction of the deficiency identified at K923 in conjunction with the provider's commitment to continued compliance with the fire	PREFIX	(EACH DEFICI	ENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE COMPLET		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		A recertification s Life Safety Code (occupancy) was of Brady Health and not in compliance requirements for L The building will in 2012 LSC for Exis upon correction of K923 in conjunctic commitment to co safety standards.	urvey for compliance with the (LSC) (2012 existing health care conducted on 6/23/22. Avera Rehab Building 02 was found with 42 CFR 483.70 (a) cong Term Care Facilities. The et the requirements of the sting Health Care Occupancies of the deficiency identified at con with the provider's entinued compliance with the fire		TITI E	(X6) DATE		

Julie Hoffmann

Administrator / CEO

6/29/22

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolet UN -2-9 2022 Event D-ZXLJ21

SD NOH-OLC

Facility ID: 0061

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION 3 - NORTH ADDITION	(X3) DATE SURVEY COMPLETED		
		435061	B. WING		06/23/2022		
NAME OF PROVIDER OR SUPPLIER AVERA BRADY HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 S OHLMAN MITCHELL, SD 57301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION		
K 000	Life Safety Code (LS) occupancy) was cond Brady Health and Re not in compliance wit requirements for Long. The building will mee 2012 LSC for Existing upon correction of the K923 in conjunction occumitment to continuately standards	ey for compliance with the C) (2012 existing health care ducted on 6/23/22. Avera hab Building 03 was found h 42 CFR 483.70 (a) g Term Care Facilities. t the requirements of the g Health Care Occupancies e deficiency identified at	K 000	TITLE	(X6) DATE		
Julie Hof		SUFFLIER REFRESLITATIVE S SIGNATURE	-	Administrator	6/29/22		

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program participation. JUN 29 2022

SD DOH-OLC

FORM CMS-2567(02-99) Previous Versions Obsplete

Event ID ZXLJ2

Facility ID: 0061

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 06/24/2022 B. WING 10652 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **500 S OHLMAN** AVERA BRADY HEALTH AND REHAB MITCHELL, SD 57301 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73. Nursing Facilities, was conducted from 6/21/22 through 6/24/22. Avera Brady Health and Rehab was found in compliance. S 000 S 000 Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 6/21/22 through 6/24/22. Avera Brady Health and Rehab was found in compliance.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

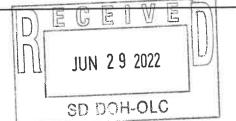
(X6) DATE

Julie Hoffmann

Administrator / CEO

6/29/22

STATE FORM



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